

Ray Fernandez, M.D.
Chief Medical Examiner

Adel Shaker, M.D.
Chief Deputy Medical Examiner

County of Nueces



2610 Hospital Blvd.
Corpus Christi, Texas 78405

Phone: (361) 884-4994
Fax: (361) 883-5715

REPORT OF POSTMORTEM EXAMINATION

CONTRERAS, GERARDO ME#18-617

EXAMINATION PERFORMED: COMPLETE AUTOPSY

LOCATION: NUECES COUNTY MEDICAL EXAMINER'S OFFICE
CORPUS CHRISTI, TEXAS

PATHOLOGIST: ADEL SHAKER, M.D.

DATE: March 26, 2018

TIME: 3:00 p.m.

AGE: 46 years RACE: W SEX: M LENGTH: 63 ½ inches WEIGHT: 200 pounds


FINAL ANATOMIC DIAGNOSES:

- I. History of being restrained by police officers
- II. Cardiomegaly; heart weight 390 grams
- III. Left ventricular hypertrophy
- IV. Marked visceral congestion
- V. Tasered by law enforcement
- VI. Multiple red abrasions and contused abrasions all over the body
- VII. Medical records reveal:
 1. Acute renal failure
 2. Hyperkalemia
 3. Rhabdomyolysis
 4. Cardiac arrhythmia
- VIII. Marked bilateral pulmonary edema and congestion
- IX. Anoxic encephalopathy
- X. Toxicology revealed elevated blood level of cocaine; 210 ng/mL Benzoylcegonine; 2200 ng/mL

CAUSE OF DEATH: Sudden cardiac death (ventricular dysrhythmia following a restrained procedure and application of a conducted energy device)

OTHER SIGNIFICANT CONDITION(S): 1. Cocaine and Benzoylcegonine; 2. Cardiomegaly and left ventricular hypertrophy

MANNER OF DEATH: Accidental


Adel Shaker, M.D./sw
Chief Deputy Medical Examiner

EVIDENCE OF INJURY

1. There are multiple red abrasions and contused abrasions on the right and left frontal scalp near the bridge right side of the face that ranges from 0.5 x 0.3 up to 1 x 0.7 centimeters in greatest dimension.
2. There are red contusions on the medial aspect of the upper arms bilaterally of variable size and shapes.
3. There are red abrasions on the midanterior chest wall.
4. There are red contusions on the posterior left parietooccipital scalp.
5. There are red abrasions and contused abrasions on the posterior aspect of the left upper shoulder, and it has the measurements of 3.7 x 3.9 centimeters in greatest dimension.
6. There are red abrasions that measures 4.8 x 2.1 centimeters on the posterior aspect of the left upper arm.
7. There are multiple bilateral red abrasions and contusions of variable size and shapes on the dorsal aspect of both hands.
8. There are a couple of red contused abrasions on the anterior aspect of the right knee. The first measures 2.5 x 1.1 centimeters, and the second one measures 0.5 x 0.4 centimeters in greatest dimension.
9. There are multiple linear red abrasions on the anterior aspect of the middle third of the left leg, and they measure 3, 4, and 4.5 centimeters in length.
10. The dorsum of the right and left hands displays multiple red contusions and contused abrasions of variable size and shapes and ranges from 0.3 up to 2.1 centimeters in greatest dimension.
11. The ventral aspect of the right and left hands displays small lacerations on the volar aspect of the middle and ring fingers.
12. There is a pair of red abrasions of 0.1 up to 0.2 centimeters separated by a distance of 2 inches located at the right lower back. The first one is located 25 inches below the top of the head and 4 inches to the right of the posterior midline of the back. The second one is located 27 inches below the top of the head and 1 inch to the right of the posterior midline of the back, consistent with the prongs of the conducted energy device.

EXTERNAL EXAMINATION

BODY HABITUS: The body is that of a well-developed, well-nourished, male, appearing to be the stated age of 46 years, with a length of 63 ½ inches and a weight of 200 pounds.

CONDITION OF BODY: Rigor mortis is fully developed, and the skin is cool to touch. Posterior lividity is purple and fixed.

IDENTIFYING MARKS: A black and blue tattoo on the upper back.

HEAD AND FACE: The head is normally developed. The head hair is black and short in length. A goatee, beard, and mustache are noted on the face.

EYES: The irides are brown in color and the pupils are equal with diameters of 0.5 centimeters each. No petechial hemorrhages are visible in the conjunctivae. The conjunctivae are not edematous or

discolored.

NOSE: No remarkable abnormalities are identified.

MOUTH: The teeth in the mouth are natural and appear to be in a status of fair repair.

EARS: No remarkable abnormalities are identified.

NECK: The neck is symmetrically developed without visible abnormalities.

CHEST: The chest is symmetrically developed without remarkable abnormalities.

ABDOMEN: The abdomen is not distended or tense.

EXTERNAL GENITALIA: The genitalia are that of an adult male. Both testes are palpable in the scrotal compartment.

LOWER EXTREMITIES: The toenails are long and clean. No peripheral edema or changes of chronic venous stasis are visible. No other remarkable abnormalities are identified.

UPPER EXTREMITIES: The fingernails are short and clean. No remarkable abnormalities are identified.

BACK AND ANUS: No remarkable abnormalities are identified.

EVIDENCE OF MEDICAL INTERVENTION

1. Endotracheal tube exits the oral cavity.
2. A nasogastric tube exits the left side of the nose.
3. IV access on the left antecubital fossa both femoral regions.
4. Urinary catheter exits the external urethral meatus.

INTERNAL EXAMINATION

SEROSAL CAVITIES: The pericardium and pleural and peritoneal cavities do not contain abnormal fluids or significant adhesions.

CENTRAL NERVOUS SYSTEM: Reflection of the scalp reveal subcutaneous hemorrhages under the contused scalp. The brain weighs 1490 grams. The meninges are congested. The vessels of the Circle of Willis course in the usual anatomic fashion without any significant intracranial atherosclerosis. The cerebral gyral pattern appears to be normally developed. The gyri are widened and flattened, and the sulci are narrowed. Multiple coronal sections of the cerebral cortex do not reveal areas of hemorrhage, fibrosis, or contusion. The ventricles are compressed. The cerebellum and brain stem are sectioned, and no remarkable abnormalities are identified. The dura is stripped from the inner table of the skull. No skull fracture or intracranial hemorrhage is demonstrable.

ORGANS OF THE NECK: The strap muscles of the neck are individually dissected. The laryngeal cartilages and hyoid bone are not fractured. The lumen of the larynx is not occluded. The mucosa is smooth and pink. The vocal cords and epiglottis are not edematous or discolored.

CARDIOVASCULAR SYSTEM: The heart weighs 390 grams. The epicardium is infiltrated with fat. There are no atherosclerotic changes of the coronary artery or the aorta. The chambers are not dilated. The ventricular walls are not hypertrophied. The right ventricular wall is 0.5 centimeters in thickness and the left ventricular wall is 1.7 centimeters in thickness. The interventricular septum is 1.5 centimeters. The endocardium is thin and smooth. The cardiac valves are normally formed and delicate.

RESPIRATORY SYSTEM: The right lung weighs 1150 grams. The left lung weighs 980 grams. There is bilateral marked pulmonary edema and congestion.

HEPATOBIILIARY SYSTEM: The liver weighs 2680 grams. The capsule is smooth and glistening. The inferior margin is round. The cut surfaces are dark reddish-brown without visible fatty degeneration, fibrosis, or focal lesions. The gallbladder contains liquid bile with no stones. No obstruction of the extrahepatic biliary tree is demonstrable.

IMMUNOLOGIC SYSTEM: The spleen weighs 230 grams. The capsule is smooth and thin. The cut surfaces are firm and dark reddish-brown. No significant lymphadenopathy is grossly visible.

ENDOCRINE SYSTEM: The adrenal glands are unremarkable. The thyroid gland and pituitary gland do not exhibit visible abnormalities.

GASTROINTESTINAL SYSTEM: The stomach contents consist of approximately 50 milliliters of tan fluid. Appendix is present. No ulceration or hemorrhage of the gastric mucosa is demonstrable. The small and large intestines occupy their usual positions within the peritoneal cavity and do not reveal remarkable abnormalities. The pancreas maintains its usual lobular architecture without any visible hemorrhage, fibrosis, calcification, or necrosis.

GENITOURINARY SYSTEM: The right kidney weighs 210 grams. The left kidney weighs 200 grams. The capsules strip easily. The cortical surfaces are smooth. The cut surfaces do not reveal abnormalities in the cortex and medulla. The collecting systems and ureters are not dilated. The bladder is not hypertrophied.

MUSCULOSKELETAL SYSTEM: No remarkable abnormalities are grossly visible.

ANCILLARY STUDIES

TOXICOLOGY: Toxicology revealed elevated blood level of cocaine; 210 ng/mL Benzoylcegonine; 2200 ng/mL. Please see the separate toxicology report.

POSTMORTEM BLOOD TOXICOLOGY: Bile and blood are collected and submitted for expanded panel of toxicological analyses. Please refer to the attached report.

MICROSCOPIC EXAMINATION: 14 blocks are submitted for H&E stains. The microscopic examination of tissue histology sections reveals findings that are consistent with the gross description and the final anatomic diagnosis.

The facts stated herein are correct to the best of my knowledge and opinion at the time of report completion.